

DVHA Routing Form

Revision Date 5/1/12

Type of Agreement: Contract Agreement #: 21976 Form of Agreement: Amendment Amendment #: 1

Name of Recipient: Oregon Health and Science University Vendor #: 310526

Program Manager : Vicki Loner Phone #: 879-5911

Agreement Manager: Meaghan Kelley Phone #: 871-3302

Brief

Explanation of Agreement: Amendment adds to scope of work and updates Attachment C

Start Date: 7/1/2012 End Date: 5/31/2013 Maximum Amount: \$123,439.00

Amendments Only: Maximum Prior Amount: \$123,439.00 Percentage of Change: 0.00%

Bid Process (Contracts Only): ☐ Standard ☐ Simplified ☒ Sole Source ☐ Statutory ☐ Master Contract SOW

Funding Source			
<u>Global Commitment 93.778</u>	<u>\$123,439.00</u>		

Contents of Attached Packet

☒ AA-14 ☒ Attachments A, B, C & F ☐ Attachment G - Academic Research
☒ Sole Source Memo ☒ Attachment D - Modifications to C & F ☐ MOU
☐ Qualitative/Justification Memo ☒ Attachment E - Business Associate Agreement ☒ Other: **Base Agreement**

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	<u>Kate Jones</u>	<u>2/20</u>	<u>2/20</u>
DVHA BO	<u>Jill Gould</u>	<u>2/20/13</u>	<u>2/20/13</u>
DVHA Commissioner or Designee	<u>Mark Larson, Commissioner</u>	<u>2/21/13</u>	<u>2/21/13</u>
AHS Attorney General	<u>Seth Steinzor, AAG</u>		<u>2/26/13</u>
Following Approvals for Contracts Only:			
AHS CIO			
AHS Central Office	<u>Martha Giglio</u>		<u>3/5/13</u>
AHS Secretary			

Vision Account Codes:

507600 / 341001000 / 20405 / 41490

☐ FFATA Entry ☐ Grant Tracking Module Vision PO #: _____ Initials & Date: _____ Approval & B/C: _____

STATE OF VERMONT CONTRACT SUMMARY AND CERTIFICATION ----- Form AA-14 (8/22/11)

Note: All sections are required. Incomplete forms will be returned to department.**I. CONTRACT INFORMATION:**

Agency/Department: AHS/ DVHA Contract #: 21976 Amendment #: 1
 Vendor Name: Oregon Health and Science University VISION Vendor No: 310526
 Vendor Address: 3181 SW Sam Jackson Park Rd, Portland, OR 97239
 Starting Date: 7/1/2012 Ending Date: 5/31/2013 Amendment Date: 3/1/2013
 Summary of agreement or amendment: Amendment adds to scope of work and updates Attachment C

II. FINANCIAL INFORMATION

Maximum Payable: \$123,439.00 Prior Maximum: \$ 123,439.00 Prior Contract # (If Renewal):
 Current Amendment: \$0.00 Cumulative amendments: \$ 0.00 % Cumulative Change: 0.00 %
 Business Unit(s): 3410; ; - [notes:] VISION Account(s): 507600;

III. PERFORMANCE INFORMATIONDoes this Agreement include Performance Measures tied to Outcomes and/or financial reward/penalties? ☒ Yes ☐ No

Estimated Funding Split: G-Fund % S-Fund % F-Fund % GC-Fund 100.00 % Other %

III. PUBLIC COMPETITION

The agency has taken reasonable steps to control the price of the contract or procurement grant and to allow qualified organizations to compete for the work authorized by this contract. The agency has done this through:

☐ Standard bid or RFP ☐ Simplified Bid ☒ Sole Sourced ☐ Qualification Based Selection ☐ Statutory

IV. TYPE OF AGREEMENT & PERFORMANCE INFORMATION

Check all that apply: ☐ Service ☒ Personal Service ☐ Architect/Engineer ☐ Construction ☐ Marketing
☐ Information Technology ☐ Other, describe:

V. SUITABILITY FOR CONTRACT FOR SERVICE

☒ Yes ☐ No ☐ n/a If this is a Personal Service contract, does this agreement meet all 3 parts of the "ABC" definition of independent contractor? (See Bulletin 3.5) If NO, then contractor must be paid through Payroll

VI. CONTRACTING PLAN APPLICABLE:Are one or more contract or terms & conditions provisions waived under a pre-approved Contracting Plan? ☐ Yes ☒ No**VII. CONFLICT OF INTEREST**

By signing below, I certify that no person able to control or influence award of this contract had a pecuniary interest in its award or performance, either personally or through a member of his or her household, family, or business.

☐ Yes ☒ No Is there an "appearance" of a conflict of interest so that a reasonable person may conclude that this party was selected for improper reasons: (If yes, explain)

VIII. PRIOR APPROVALS REQUIRED OR REQUESTED

☒ Yes ☐ No Agreement must be approved by the Attorney General under 3 VSA §311(a)(10) (personal service)
☒ Yes ☐ No I request the Attorney General review this agreement as to form
 No, already performed by in-house AAG or counsel: _____ (initial)
☐ Yes ☒ No Agreement must be approved by the Comm. of DII; for IT hardware, software or services and
 Telecommunications over \$100,000
☐ Yes ☒ No Agreement must be approved by the CMO; for Marketing services over \$15,000
☐ Yes ☒ No Agreement must be approved by Comm. Human Resources (privatization and retiree contracts)
☐ Yes ☒ No Agreement must be approved by the Secretary of Administration

IX. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL

I have made reasonable inquiry as to the accuracy of the above information:

2-21-13 Date Agency / Department Head Date Agency Secretary or Other Department Head (if required)
 2/26/13 Date Approval by Attorney General Date Approved by Commissioner of Human Resources
 Date CIO Date CMO Date Secretary of Administration

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Oregon Health and Science University (hereafter called the "Contractor") that the contract on the subject of personal services for cost savings analysis consulting services for Vermont Medicaid programs, effective July 1, 2012, is hereby amended effective March 8, 2013, as follows:

1. By deleting, on page 4 of 22 of the base agreement, Task 5, and substituting in lieu thereof the following Task 5:

Task 5: Evidence and Policy Topic Summaries (10 topics)

- Work with the State to identify ten topics for further review.
- Develop a topic summary for the ten identified topics. The topic summary will be based on existing, high quality evidence extracted from the Center's *Core Clinical Evidence Source List* and will include the following components:
 - Report citation with relevant search dates
 - Brief topic overview
 - Prevalence based on national data
 - Review of the evidence with strength of evidence when included in the evidence source
 - Related public and private payer coverage policies:
 - Search Update for topics in which the identified evidence source is two years or older.
 - For those topics for which there is no evidence source identified from the *Center's Core Clinical Evidence Source List*, the topic summary will include a brief topic overview, national prevalence data, related coverage policies and a search of the Center's Core Clinical Evidence Sources (expanded to PubMed if necessary) for the last 10 years. Search results will be presented as references and abstracts, but will not include a synthesis or an assessment for methodological quality of the identified studies.

2. By deleting, on page 4 of 22 of the base agreement, Task 6, and substituting in lieu thereof the following Task 6:

Task 6: Report #2 Development (Incorporating Tasks 4-5)

Develop and present a report that includes the analysis and findings of the review of Vermont utilization and cost data and evidence and policy summaries for the ten topics selected.

3. By deleting Attachment C, Customary Payment Provisions (revised 7/1/12), beginning on page 8 of 22 of the base agreement and substituting in lieu thereof the following Attachment C (revised 11/7/12):

ATTACHMENT C CUSTOMARY PROVISIONS FOR CONTRACTS AND GRANTS

1. **Entire Agreement.** This Agreement, whether in the form of a Contract, State Funded Grant, or Federally Funded Grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.
2. **Applicable Law.** This Agreement will be governed by the laws of the State of Vermont.

General Liability and Property Damage: With respect to all operations performed under the Agreement, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations
Products and Completed Operations
Personal Injury Liability
Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 Per Occurrence
\$1,000,000 General Aggregate
\$1,000,000 Products/Completed Operations Aggregate
\$ 50,000 Fire/ Legal/Liability

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: \$1,000,000 combined single limit.

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Professional Liability: Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain professional liability insurance for any and all services performed under this Agreement, with minimum coverage of \$N/A per occurrence, and \$N/A aggregate.

8. **Reliance by the State on Representations:** All payments by the State under this Agreement will be made in reliance upon the accuracy of all prior representations by the Party, including but not limited to bills, invoices, progress reports and other proofs of work.
9. **Requirement to Have a Single Audit:** In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, the Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a single audit is required for the prior fiscal year. If a single audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

A single audit is required if the subrecipient expends \$500,000 or more in federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A-133. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a single audit is required.

10. **Records Available for Audit:** The Party will maintain all books, documents, payroll papers, accounting records and other evidence pertaining to costs incurred under this agreement and make them available at reasonable times during the period of the Agreement and for three years thereafter for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three year period, the records

Notwithstanding the foregoing, the State agrees that the Party may assign this agreement, including all of the Party's rights and obligations hereunder, to any successor in interest to the Party arising out of the sale of or reorganization of the Party.


16. **No Gifts or Gratuities:** Party shall not give title or possession of any thing of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.
17. **Copies:** All written reports prepared under this Agreement will be printed using both sides of the paper.
18. **Certification Regarding Debarment:** Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.
- Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing/debarment>
19. **Certification Regarding Use of State Funds:** In the case that Party is an employer and this Agreement is a State Funded Grant in excess of \$1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party's employee's rights with respect to unionization.

State of Vermont – Attachment C
Revised AHS – 11-7-2012

This amendment consists of 5 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#21976) dated July 1, 2012, shall remain unchanged and in full force and effect.


STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS

CONTRACTOR
OREGON HEALTH & SCIENCE UNIVERSITY

 E-SIGNED by Mark Larson
on 2013-Mar-12

MARK LARSON, COMMISSIONER

DATE

 E-SIGNED by Tim Rinner
on 2013-Mar-12

TIM RINNER

DATE